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## **EXHIBIT NNN**

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## REFERENCES

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GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	_ BUSINESS '	YEARS KNOWN
1	John Ponnack	R+7 Bear De.	Reverend	<u>\</u>
2	Stephanie Hammond	400 Christiana Rd	MBNA MNGE	4
3	Clint Wallin	22 Wolredome AUP	ScIF Employ	-14
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I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

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THIS APPLICATION FOR EMPLOYMENT IS SOLD ONLY FOR GENERAL USE THROUGHOUT THE UNITED STATES ADAIDS ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR THE INCLUSION IN THIS FORM OF ANY QUESTIONS OR REQUESTS FOR INFORMATION UPON WHICH A VIOLATION OF LOCAL STATE AND/OR FEDERAL LAW MAY BE BASED. IT IS THE USER'S RESPONSIBILITY TO ENSURE THAT THIS FORM'S USE COMPLIES WITH APPLICABLE LAWS WHICH CHANGE FROM TIME TO TIME.

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